



Permit #:

Blower Door Test Form

Job Information

Builder: \_\_\_\_\_

Community: \_\_\_\_\_ Lot #: \_\_\_\_\_

Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Air Infiltration Test Results

CFM(50) = \_\_\_\_\_ Volume = \_\_\_\_\_

ACH(50) = CFM(50) X 60 / Volume = \_\_\_\_\_

Pass

Fail **Passing results must be 7 ACH(50) or less**

Certification of Test Results

**R402.4.1.2 Testing.** The building or dwelling unit shall be tested and verified as having an air leakage rate of not exceeding 7 air changes per hour in Climate Zones 1 and 2, 3 air changes per hour in Climate Zones 3 through 8. Testing shall be conducted with a blower door at a pressure of 0.2 inches w.g. (50 Pascals). Testing shall be conducted by either individuals as defined in Section 553.993(5) or (7), F.S. or individuals licensed as set forth in Section 489.105(3)(f), (g), or (h) or an approved third party. A written report of the results of the test shall be signed by the party conducting the test and provided to the code official. Testing shall be performed at any time after creation of all penetrations of the building thermal envelope.

Authorized Third Party

I hereby certify the above results and that I hold the below certification:

\_\_\_ Class A or B A/C contractor or Mechanical contractor License No. \_\_\_\_\_

\_\_\_ RESNET approved HERS Rater or Residential Field Inspector Certification No. \_\_\_\_\_

\_\_\_ BPI approved Building Analyst or Energy Auditor Certification No. \_\_\_\_\_

\_\_\_ Professional Engineer License No. \_\_\_\_\_

Mechanical ventilation has been added: Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_